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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *BJ*  
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\*\* FOREIGN APPLICATIONS \*\*\*\*\* *BJ*  
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and<br>Acknowledged   | CA       | 4       | 24     | 4           |

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TITLE  
 Gastrointestinal lavage system

|                                   |   |   |
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| FILING FEE<br><br>RECEIVED<br>809 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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